UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

CE OF SALE OF SECURITIES R\$UANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL

OMB Number:

3235-0076

Expires: April 30, 2008 Estimated average burden

hours per resnons



UNIFORM LIMITED OFFERING EXEMP	110N 06085318			
Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Series	es A Preferred Stock Financing			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE			
A. BASIC IDENTIFICATION DATA				
1. Eriter the information requested about the issuer				
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Calistiga Pharmaceuticals, Inc.				
Address of Executive Offices (Number and Street, City, State, Zip Code) 601 Union Street, Suite 3200, Seattle, Washington 98101	Telephone Number (Including Area Code) (206) 254-1125			
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same its above	Telephone Number (Including Area Code)  Same as above			
Brief Discription of Business Develops novel therapeutics for disease				
Type of Business Organization  Corporation  Imited partnership, already formed  other (p)  business trust  limited partnership, to be formed	lease specify):			
Actual or Estimated Date of Incorporation or Organization: 04 06 Actual Estim Estimoration of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	DE 2007			
GENERAL INSTRUCTIONS	FINANSON			
Federal:  Who Mest File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).  When The File: A notice must be filed no later than 15 days after the first sale of securities in the offering.	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C			
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be				

which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

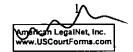
## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



	1		A. BASIC IDE	NTIFICATION DATA					
2. 1	Enter the information	requested for the i	following:						
•	• Each promoter of the issuer, if the issuer has been organized within the past five years;								
•	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.								
•	<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>								
•	• Each general and	managing partnei	of partnership issuers.						
Checl	cl3ox(es) that Apply:	Promoter '	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner		
	lame (Last name first, i	f individual)			****				
	ess or Residence Addunion St., Suite 320		Street, City, State, Zip Co 98101	de)					
Checl	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director		General and/or Managing Partner		
	Name (Last name first, S Topper	if individual)	,				•		
	ess or Residence Add Union St., Suite 320	,	Street, City, State, Zip Co 98101	de)					
Chec	k Box(es) that Apply:	Promoter .	Beneficial Owner	Executive Officer	□ Director		General and/or Managing Partner		
	Name (Last name first, Frazier	if individual)							
	ess or Residence Add Union St., Suite 320		Street, City, State, Zip Co 98101	de)					
Checl	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner		
	Name (Last name first, er Healthcare V, LF				***				
	less or Residence Add Union St., Suite 320		Street, City, State, Zip Co 98101	de)	<del></del>				
Checl	k Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner		
	Name (Last name first, S Corporation	if individual)							
			Street, City, State, Zip Co and Ave., Suite 900, Se						
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner		
Full ?	Name (Last name first,	if individual)							
Busin	ess or Residence Add	ress (Number and	Street, City, State, Zip Co	de)					
Chec	k Box(es) that Apply:	Promoter :	☐ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner		
Full ì	Name (Last name first,	if individual)							
Busir	ness or Residence Add	ress (Number and	Street, City, State, Zip Co	de)					
	;								

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	<del>-</del>	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS	
1.	sold. Ente this box already ex		Aggregate	Amount Already
	Type	of Security	Offering Price	Sold
	Debt.	s		s
	Equity	ys	6,500,000.00	s <u>6,500,000.00</u>
	<u> </u>	Common 🔀 Preferred		
	Conv	ertible Securities (including warrants)	750,000.00*	\$ <u>750,000.00*</u>
	Partne	rship Interests\$		\$
	Other	(Specify)\$		\$
		Total\$	7,250,000.00	\$_7,250,000.00
	\)  }	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offering a	number of accredited and non-accredited investors who have purchased securities in this not the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate or of persons who have purchased securities and the aggregate dollar amount of their on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
			Number Investors	Dollar Amount of Purchases
	Accre	dited Investors	2	s <u>6,500,000.00</u>
	1 Non-	accredited Investors	0	
		Total (for filings under Rule 504 only)	0	\$0
		Answer also in Appendix, Column 4, if filing under ULOE.		
3.	sold by th	ig is for an offering under Rule 504 or 505, enter the information requested for all securities issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the of securities in this offering. Classify securities by type listed in Part C — Question 1.	S .	
		of Offering	Type of Security	Dollar Amount Sold
		505		\$
		lation A		\$
		504		\$
4	a. Furn securities The infor	ish a statement of all expenses in connection with the issuance and distribution of the in this offering. Exclude amounts relating solely to organization expenses of the insurer mation may be given as subject to future contingencies. If the amount of an expenditure is, furnish an estimate and check the box to the left of the estimate.		
	Trans	sfer Agent's Fees		\$
		ing and Engraving Costs		s
		Fees		s 59,000.00

\* Represents the aggregate exercise price for Warrants to purchase Series A Preferred Stock.

59,000.00

□ \$ \_\_\_\_

□ s. ⊠ s

Accounting Fees....

Engineering Fees....

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

Total.....

			C. OFFERIN	G PRICE, NUM	BER OF INVESTORS,	EXPENSES AND USE OF	PROCEI	EDS		· .
	b, and		r the difference between the expenses furnished in respon							
	p.c	oceeds t	o the issuer."						<b>s</b>	7,191,000.00
5.	e a c n	ch of t	below the amount of the adhe purposes shown. If the box to the left of the esting to the issuer set forth in re	amount for any	y purpose is not known f the payments listed me	n, furnish an estimate and ust equal the adjusted gros	d			÷
•		laries :	and fees	:			Off Direc Affil	nents to ficers, tors, & iates		Payments to Others
	- [1		of real estate							
	Fu	rchase	, rental or leasing and inst	allation of mac	hinery					
	Co	nstruc	tion or leasing of plant bu	ildings and faci	lities		□ s			s
	of:	fering uer pu	on of other businesses (in that may be used in excha rsuant to a merger)	nge for the asse	ts or securities of anot	her				\$
			nt of indebtedness				-		_	s
			capital	i						
	()t	her (sp	ecify):				□ \$			\$
	 	:					□\$			\$
	Со	olumn '	Totals		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ s	0.00	$\boxtimes$	s 7,191,000.00
	Τo	tal Pay	ments Listed (column total	is added)			<b>.</b>	⊠ s_		7,191,000.00
		£		ì i	D. FEDERAL SIG	NATURE				
sign he i Issu	aiu nio ei (	re cons rmatio (Print o	duly caused this notice to titutes an undertaking by to furnished by the issuer to Type) armaceuticals, Inc.	he issuer to fur	nish to the U.S. Securit	ies and Exchange Commi	ssion, up Rule 502. Date	on writter	requ	
		of Sign is S. H	er (Print or Type) odge	·	Title of Signer (Print Secretary & Treasur					<del> </del>
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ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)